

2304

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of children in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.

ARIZONA TERRITORIAL BOARD OF HEALTH
BUREAU OF VITAL STATISTICS. **65**

CERTIFICATE OF BIRTH. Ter. Index No. **65**

PLACE OF BIRTH
County of Cochise
District of _____
Town of Naco
City of _____ (No. _____ St.; _____ Ward)

Register No. **327**

FULL NAME OF CHILD Enrique Felix Garcia Born Yes No
If child is not named, make Supplemental report on blank obtainable from local registrar.

Sex of Child <u>Male</u>	Twin, Triplet or other <u>—</u>	and Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>June 26</u> 19 <u>13</u> (Month) (Day) (Year)
FATHER		MOTHER		
Full Name <u>Manuel Garcia</u>	Residence <u>Naco Arizona</u>	Full Maiden Name <u>Guadalupe Valenzuela</u>	Residence <u>Naco Ariz.</u>	
Color or Race <u>Mexican</u>	Age at last Birthday <u>40</u> (Years)	Color or Race <u>Mexican</u>	Age at last Birthday <u>32</u> (Years)	
Birthplace <u>Ures, Son. Mex</u>	Occupation <u>Immigration Service</u>	Birthplace <u>Sonora Mex</u>	Occupation <u>Wife</u>	

Number of child of this mother 11 Number of children, of this mother, now living 6 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on June 26, 1913, at 6 A. M.

*When there is no attending physician or midwife, then the householder should make this return. See instructions on back.

(Signature) O. W. Prandone (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 19 _____ Filed _____ 19 _____ Address Naco
Boardman
L. L. Moore LOCAL REGISTRAR.
COUNTY REGISTRAR. COUNTY REGISTRAR.

571-626-751 Filed 9-21 1913